

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL
PRACTICES COMMISSION

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CITY CLERK
CITY OF RANCHO CUCAMONGA

MICHAEL

LOYD

DENNIS

1. Office, Agency, or Court

Agency Name

CITY OF RANCHO CUCAMONGA

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCIL MEMBER / MAYOR (12-2-10)

► If filing for multiple positions, list below or on an attachment.

Agency:

DMNITRANS

Position:

BOARD MEMBER

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge (Statewide Jurisdiction)☐ Multi-County☒ County of SAN BERNARDINO☒ City of RANCHO CUCAMONGA☒ Other ~~CITY OF RANCHO CUCAMONGA~~ DMNITRANS

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)☐ The period covered is January 1, 2010, through the date of leaving office.☐ Assuming Office: Date ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate: Election Year ____ Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4☒ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that

Date Signed

3-16-11

(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Lloyd Dennis Michaels</u>

▶ 1. BUSINESS ENTITY OR TRUST

Name DR. REGINA S. HOLT, D.C.
7365 CALANDIAN SLITE 101
PANAMA CITY BEACH, FL 32413
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

CHIROPRACTIC OFFICE

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>10</u>	<u> </u> / <u> </u> / <u>10</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION SPOUSE

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>10</u>	<u> </u> / <u> </u> / <u>10</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>10</u>	<u> </u> / <u> </u> / <u>10</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>10</u>	<u> </u> / <u> </u> / <u>10</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE D
Income - Gifts

Name

Lloyd Dennis Michael

► NAME OF SOURCE

RANCHO CUCAMONGA CHAMBER OF COMMERCE

ADDRESS (Business Address Acceptable)

*9890 CHERRY AVE.
FONTANA, CA 92335*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BUSINESS ADVOCACY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>5/4/10</i>	<i>\$ 63</i>	<i>GOLF AND DINNER</i>

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

► NAME OF SOURCE

BUREAU OF WASTE INDUSTRIES

ADDRESS (Business Address Acceptable)

*9890 CHERRY AVE.
FONTANA, CA 92335*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

WASTE MANAGEMENT

*OPARC
CHARITY*

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>9/27/10</i>	<i>\$ 70.00</i>	<i>GOLF</i>

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

► NAME OF SOURCE

CITY OF RANCHO CUCAMONGA

ADDRESS (Business Address Acceptable)

*10500 CIVIC CENTER DR.
RANCHO CUCAMONGA, CA 91730*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LOCAL GOVERNMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>10/16/10</i>	<i>\$ 46.00</i>	<i>FRONTIER PROJECT DINNER</i>

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

► NAME OF SOURCE

CITY OF RANCHO CUCAMONGA

ADDRESS (Business Address Acceptable)

*10500 CIVIC CENTER DR.
RANCHO CUCAMONGA, CA 91730*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LOCAL GOVERNMENT *STATE OF CALIFORNIA*

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>3/25/10</i>	<i>\$ 55.00</i>	<i>DINNER</i>

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1/1/1</i>	<i>\$</i>	

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Lloyd Dennis Mitchell</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

<p>▶ NAME OF SOURCE <u>LEAGUE OF CALIFORNIA CITIZENS</u></p> <p>ADDRESS (Business Address Acceptable) <u>1400K STREET</u></p> <p>CITY AND STATE <u>SACRAMENTO, CA. 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>ADVOCACY FOR CITIZENS AND THEIR RESIDENTS</u></p> <p>DATE(S): <u>1/01/10 - 12/31/10</u> AMT: \$ <u>606.06</u> (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>TRAVEL, MEALS AND LODGING</u> <u>FOR VOLUNTEER SERVICES AS A MEMBER</u> <u>OF THE LEAGUE BOARD OF DIRECTORS</u></p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>
<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>	<p>▶ NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If applicable)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION:</p>

Comments: _____